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## APPLICANTS

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 \*\* CONTINUING DATA \*\*\*\*\* None - *RM*

 \*\* FOREIGN APPLICATIONS \*\*\*\*\* None - *RM*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR  COUNTRY OH	SHEETS  DRAWING 4	TOTAL  CLAIMS 24	INDEPENDENT  CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>Mark S. May</i> Examiner's Signature Initials			

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## TITLE

Drainage grate

FILING FEE  RECEIVED 972	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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